

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

PUBLIC HEALTH SERVICE

EPIDEMIOLOGIC NOTES AND REPORTS TAENIASIS - Rhode Island

On May 9, 1968, a 40-year-old female X-ray technician from Rhode Island recognized tapeworm proglottids in her stool. For approximately 2 months the patient had experienced mild abdominal cramps, borborygmi, and a change in her bowel habits from relative constipation to bowel movements on arising each morning. Because she believed that she was infected with pinworms, she had mistakenly been looking at her stools each day until May 9 when she first sighted the tapeworm segments.

The patient gave no history of recent travel. She ate rare beef, often sampling raw hamburger during its preparation, but she rarely ate pork. She purchased all her meat in a single Rhode Island supermarket. - '

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The patient's stool was examined and found to contain Taenia eggs. She was treated with oral Atabrine, but this was not successful. She was then treated with Niclosamide (Yomesan)* and she stated that within a day her bowel (Continued on page 210)

TABLE I. - CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and délàyed reports through previous weeks)											
	23rd WEE	K ENDED	MEDIÁN	CÜMULA	TIVE, FIR	ST 23_WEEKS					
DISEASE	JUNE 8. 1968	JUNE 10, 1967	1963 - 1967	1968	1967	MEDIAN 1963 - 1967					
Aseptic meningitis Brucellosis Diphtheria Encephalitis, primary:	3	48 13 5	24 6 5	687 67 70	746 111 49	635 111 78					
Arthropod-borne & unspecified Encephalitis, post-infectious Hepatitis, serum Hepatitis, infectious	6 70	32 18 55 646	622	374 247 1,762 19,378	573 396 877 17,714	18,591					
Malaria Measles (rubeola) Meningococcal infections, total Civilian	31 592 33	34 1,614 43 42	7,564 43	928 15,965 1,507 1,361	870 51,799 1,311 1,214	43 214, 200 1, 456					
Military. Mumps Poliomyelitis, total	3,012	1	3	146 108,983 18	97	17					
Paralytic Rubella (German measles) Streptococcal sore throat & scarlet fever Tetanus	1,531 6,889 3	1,850 7,454 7	6,757 5	36,034 239,309 54 77	32,913 259,532 73 65	234,052 89 94					
Tularemia. Typhoid fever Typhus, tick-borne (Rky. Mt. spotted fever). Rebies in pairwals		39 14 87	7 10	116 54	173 57	156 34					

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.	L
Anthrax Botulism: Calif.—1 Leptospirosis: Kans.—1 Plague: Plattacosis: Pa.—1, Tex.—1	1 13 —	Rabies in man: Rubella Congenital Syndrome: Trichinosis:N.Y.C-1, Wash1 Typhus, murine: Tex1	3 28	

TAENIASIS - (Continued from front page)

habits returned to the previous normal pattern. Her stools will be examined periodically to see if the entire worm was removed.

The commercial sources of beef for the single supermarket from which the autochthonous case purchased her meat were traced. It was found that two of the sources were slaughter houses in Nebraska and Iowa that had processed Texas cattle infected with Cysticercus bovis during the epizootic that first appeared in mid-March (MMWR, Vol. 17. No. 16). An investigation is now underway to determine if there are more autochthonous cases of taeniasis in this region.

At the same time that this autochthonous case was found, two imported cases of taeniasis, one in an Ethiopian and the other in a Lebanese, were also reported in Rhode Island

(Reported by Joseph E. Cannon, M.D., M.P.H., Director, Rhode Island Department of Health; and an EIS Officer.)

*Available through Parasite Disease Drug Service

TRICHINOSIS - Ohio

An outbreak of trichinosis has been reported from Willoughby, Lake County. Ohio, in an Italian family. Between March 9 and March 25, 1968, four of seven family members developed symptoms compatible with trichinosis and were later found to have positive serologic tests for trichinosis; two other persons in the family had symptoms and laboratory data highly suggestive of trichinosis, and one member was possibly infected (Table 1). The most common symptoms were fever, periorbital edema, and muscle ache. Suessenguth-Kline flocculation tests for trichinosis were positive for all four of the four patients tested. No muscle biopsies were performed, All patients were treated at home with corticosteroids, and all have recovered.

Investigation revealed that the family had consumed pork purchased in mid-February 1986 from two sources. Pork butts, purchased from a packing company in Ohio, were ground into sausage by the family and used in making spaghetti sauce. The family reported that the sauce was well-cooked and was eaten on March 7 and March 9. It was also eaten on two occasions by the family's physi-

cian who has remained well. On examination, a sample of sausage used in this sauce was negative for trichina larvae.

The family also purchased fresh sausage from another packing company in Obio. This sausage was soaked in oil at home for several days and then eaten raw by at least six of the seven family members. The dates and amount of consumption of the sausage by each family member were unobtainable, but the sausage was eaten on several occasions by most of the family. Cases I and 2, who had the earliest dates of onset and who were severely ill, do a majority of the food preparation for the family and may have had the greatest, exposure. No person outside the household ate this raw sausage. When tested, the sausage was found to be infected with an average of three trichina larvae per 50 gm of sausage.

It is unlikely that the pork used in the spaghetti sauce was the source of infection since the onset of systemic symptoms in three of the cases occurred only 2 days after

Table 1 Case Data in Family Outbreak of Trichinasis Willaughby, Ohia, March 9 - March 25, 1968

	Dat		Date of				Serology:	Pork F	Caten
Case	Age (years)	Sex	Onset of Symptoms	Symptoms	WBC	Eosinophils	Suessenguth-Kline Flocculation	Spaghetti Sauce	Raw Sausage
1	27	F	March 9	Fever, Nausea, Periorbital edema, Muscle ache	14,700	29%	Positive	Yes	Yes
2	24	F	March 9	Fever, Nausea, Periorbital edema, Muscle ache	6,900	12%	Positive	Yes	Yes
3	5	М	March 9	Rash. Periorbital edema	14,000	25%	Positive	Yes	Yes
4	61	М	March 14	Slight muscle ache	Not tested	Not tested	Not tested	Yes	Un- certain
5	30	M	March 15	Fever, Periorbital edema, Muscle ache	8,950	21%	Not tested	Yes	Yes
6	60	F	March 25	Conjunctival hemorrhage	6,300	7%	Positive	Yes	Yes
7	2	М	March 25	Rash	14,150	14%	Not tested	Yes	Yes

consumption. These signs and symptoms of larval migration and muscle infiltration, generally, do not appear prior to the sixth day after ingestion of trichinous meat. Therefore it is likely that the raw sausage soaked in oil was the source of trichinosis.

No cases of trichinosis were reported to the Lake County Health Department in 1967 and only these seven cases have been reported in 1968. However, two cases in neighboring Cuyahoga County are presently under investigation for possible relationship to this outbreak.

(Reported by Ralph A. Masterson, D.V.M., M.P.H., Chief, Epidemiology Section, Jack Russell, D.V.M., Chief, Veterinary Unit, and Ohio Department of Health Laboratory, Ohio Department of Health; and Fred C. Kluth, M.D., Willoughby, Ohio.)

SUSPECT BOTULISM - California

A 49-year-old executive became ill on the evening of May 15, 1968, on his way home to San Diego after attending a convention in Wisconsin, His illness began with nausea, vomiting, and abdominal pain. After arriving home that same evening, he continued vomiting for 48 hours and was admitted to a hospital on May 17. On admission, he was severely dehydrated and had mild respiratory distress. Radiologic examination showed dilated loops of small bowel. A diagnosis of bowel obstruction was made, and at operation on May 18, a volvulus was found and reduced; however, an advnamic ileus was also present. Over the next 2 days the patient had increasing respiratory difculty, and a tracheostomy was performed. The patient also developed symmetrical extraocular muscle weakness, * ptosis, poorly reacting pupils, dysphagia, dry mouth, and neck muscle weakness. Deep tendon reflexes remained normal and no sensory impairment was found. Review of medications used prior to and during surgery revealed no obvious drug which might have caused these symptoms. The edrophonium test for myasthenia gravis was negative. Blood counts, serum chemistries, and cerebral spinal fluid studies were within normal limits.

On May 19 a diagnosis of botulism was considered and the patient was given 100,000 units of types A and B botulinum antitoxin without response; however, there was an apparent improvement when 10,000 units of type E antitoxin were given on May 19 and again on May 20. In spite of these temporary improvements the patient developed bronchopneumonia, became comatose, and died on May 25. Autopsy examination revealed no specific findings other than the bronchopneumonia. No evidence of intra-cranial tumor, cerebral arterial thrombosis, or hemorrhage was found.

The patient had attended a convention in Wisconsin on May 13 through 15, immediately prior to the onset of his illness. Review of the patient's food history at the convention and in the days prior to the meeting and review of the convention menu revealed no highly suspect food source.

Approximately 265 persons from 42 states had been at the convention with the patient. An intensive telephone survey of 256 of these persons was undertaken on May 20 and 21 by state epidemiologists, city health officials, and ISM — Colitoria

ElS officers. No other persons with symptoms suggestive of botulism were found. It was learned that 30 persons had transient gastrointestinal illness during and after the convention, and an additional eight had equivocal, mild subjective neurologic symptoms during this period. Food histories did not implicate any single item as a possible source of illness. Overindulgence and late hours may have accounted for some if not all of these mild symptoms. Bioassay of serum specimens obtained from the patient and from 11 of the persons with equivocal symptoms were negative for botulinum toxin. Smoked and canned salmon and other food served at the convention were obtained for mouse bioassay and for culture. All these tests have been negative.

In summary, a patient died from an illness which was clinically compatible with botulism. However, laboratory and epidemiologic evidence did not confirm this diagnosis. (Reported by John J. Dapolito, M.D.; J. B. Askew, M.D., Director of Public Health, San Diego County Health Department; Philip K. Condit, M.D., Chief, Bureau of Communicable Diseases, and the State Public Health Laboratories, California State Department of Public Health; Olga Brolnitsky, M.D., Chief Epidemiologist, Communicable Diseases, and Samuel Andelman, M.D., Commissioner, Chicago Board of Health; Norman J. Rose, M.D .. Chief, Bureau of Epidemiology, Illinois Department of Public Health; H. Grant Skinner, M.D., Chief, Section of Communicable Disease Control, and S. L. Inhorn, M.D., Director, State Laboratory of Hygiene, Wisconsin State Department of Health and Social Services; Food and Drug Administration, Washington, D.C.; Laboratory 'Program, NCDC; State Epidemiologists and City and County Health Officials in 39 other states; and many EIS Officers.)

Editoral Note

The inability to demonstrate circulating botulinum toxin in serum does not exclude the diagnosis of botulism in this case. In botulism, there are no specific postmortem changes. Therefore the lack of autopsy findings in this case does not support or negate the diagnosis, but it does exclude intracranial lesions which might cause a similar syndrome.

MALARIA - New Yark

On January 23, 1968, a 62-year-old woman was admitted to a New York City hospital for introduction of a bypass for an occluded left femoral artery. Following surgery, the patient's postoperative course was unremarkable until February 21 when her temperature rose to 102°F. She experienced spiking fevers up to 104°F. every other day until March 1. Then, between March 1 and 11 with the exception

(Continued on page 212)

MALARIA - (Continued from page 211)

of March 7, she had daily fever spikes with shaking chills. Physical examination on March 6 showed enlargement of the liver, and the possibility of hepatitis was considered. On March 11, examination of a routine blood smear revealed the presence of Plasmodium vivax parasites. Following treatment with chloroquine, the patient showed prompt elinical improvement.

The patient was born in Austria and came to the United States many years ago. She had never lived in malarious areas and had no history of unexplained fevers, blood transfusions, or use of commonly shared syringes, Because of a progressive decline of the hematocrit, the patient received seven units of whole blood between February 1 and 7, 1968. Four of the seven donors could be located. One donor was a 22-year-old veteran who had served in Vietnam from July 21, 1966, until July 21, 1967. He gave no history of malaria while overseas. However, on September 8, 1967, he developed daily fever spikes for which he was admitted to an Army hospital on September 12, 1967; vivax malaria was then diagnosed. Over a 3-day period he was treated with a total of 1,5 gm of chloroquine base and was then given eight tablets of chloroquine-primaquine to be taken once a week for eight weeks.

On February 1, 1968, he donated blood in New Jersey which was given to the patient in New York City on Feb-

West Virginia...... North Carolina....

Florida.....

ruary 4. The donor had denied both his military duty and his hospitalization for malaria to the blood bank. Examination of blood films from the donor taken in March 1968 revealed the presence of P. vivaz parasites. Another donor, in Oklahoma, had served in Korea in 1960-1961, and had traveled in Mexico for several weeks in 1965. He did not give a history of malaria and no parasites could be detected in his blood. The two other contacted donors had not resided in malarious areas and gave no history suggestive of malaria.

The donor in New Jersey had also donated blood on December 15, 1967. This blood was given to a patient in New York City on December 25, 1967, together with another unit of blood. This recipient did not experience symptoms compatible with malaria although she did develop hepatitis 6 weeks after hospitalization.

(Reported by Vincent F. Guinee, M.D., Director, Bureau of Preventable Diseases, and Howard B. Shookhoff, M.D., Chief, Tropical Disease Division, New York City Department of Health; Herbert I. Horowitz, M.D., New York City, and Wartin Goldfield, M.D., Director, Division of Laboratories, and Ronald Altman, M.D., Acting Director, Division of Preventable Diseases, New Jersey State Department of Health.)

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF DETMADY AND SECONDARY SUBJECT: By Reporting Areas May 1968 and May 1967 - Provisional Da

Reporting Area	Ma	у	Cumul Jan.	ative - May	Reporting Area	Ма	y	Cumul Jan.	Cumulative Jan May	
	1968	1967	1968	1967	1	1968	1967	1968	1967	
EW ENGLAND	23	40	148	164	EAST SOUTH CENTRAL	129	179	615	772	
Maine	1	-	2	-	Kentucky	8	17	46	5:	
New Hampshire	-	-	1	5	Tennessee	43	19	142	10	
Vermont	-	-	-	2	Alabama	41	110	270	44	
Massachusetts	16	22	89	99	Mississippi	37	33	157	16	
Rhode Island	2	7	19	15						
Connecticut	4	11	37	43	WEST SOUTH CENTRAL	335	295	1,493	1,27	
					Arkansas	11	15	57	6	
GIDDLE ATLANTIC	226	304	1,283	1,473	Louisiana	97	58	359	26	
Upstate New York	23	32	85	118	Oklahoma	16	15	39	5	
New York City	141	174	819	873	Texas	211	207	1,038	89	
Pa. (Excl. Phila.)	15	14	80	105			1			
Philadelphia	11	29	113	122	MOUNTAIN	45	44	223	2.5	
New Jersey		55	186	255	Montana	2	1	4		
					Idaho	-	1	3	1	
EAST NORTH CENTRAL	248	262	1,263	1,351	Wyoming	-	3	-		
Ohio		51	207	280	Colorado	1	7	9	3	
Indiana		9	151	46	New Mexico	15	10	63	7	
Downstate Illinois		17	72	69	Arizona	27	16	122	11	
Chicago		76	437	407	Utah	-	3	2		
Michigan		108	386	534	Nevada	_	3	20		
Wisconsin		1	10	15						
	-		10	1	PACIFIC	178	125	760	79	
VEST NORTH CENTRAL	36	29	158	116	Washington	6	5	23	2	
Minnesota		7	16	19	Oregon	5	6	16	2	
Iowa		1 2	16	12	California	167	113	718	74	
Misaouri		8	78	36	Alaska	-	-	-		
North Dakota		_	2	1	Hawaii	-	1	3		
South Dakota		3	19	14						
Nebraska		1 6	16	16	U. S. TOTAL	1,702	1.745	8,206	8,67	
Kansas		3	111	18			-		_	
				10	TERRITORIES	111	84	464	38	
SOUTH ATLANTIC	482	467	2,263	2,470	Puerto Rico	110	80	439	36	
Delaware	5	10	1.7	24	Virgin Islands	1	4	25	2	
Maryland	35	45	185	262						
District of Columbia		59	284	265			-			

283

778

Note: Cumulative Totals include revised and delayed reports

INTERNATIONAL NOTES METHOD OF RECORDING DATE OF INTERNATIONAL CERTIFICATES OF VACCINATION

The World Health Organization has recently called attention to the requirement in the "International Sanitary Regulations": I that all dates should be recorded in the following sequence:

> e.g. 2 Month Year May 1968

WHO points out that difficulties continue to arise because of the use of arabic figures for recording the month. In the United States and some other countries, it is the custom to write the month (either in letters or arabic numerals) before the day. However, it is a common practice in many countries to follow the format indicated above. Thus, an American physician who vaccinated one of his patients on November 2, 1965, may have written the date as "11/2/65." A quarantine inspector in Europe would assume that such a Certificate was issued on February 11, 1965. He would, therefore, consider the Certificate invalid because of apparent issuance more than 3 years prior to the present time. No misinterpretation is possible, however, if the date were indicated as prescribed by WHO, that is. "2 Nov. 65." (Reported by Foreign Quarantine Program, NCDC.)

Reference:

¹World Health Organization: International Sanitary Regulations, Third Annotated Edition, 1966, page 49, Geneva.

CURRENT TRENDS MEASLES - Florida

Mass measles eradication programs have been conducted in 25 of Florida's 67 counties since November 1966. Over 3 million of the state's 6 million population reside in the counties where these programs were held. Additionally, routine measles vaccination has been ongoing in all counties through private practitioners and health department clinics. Presently 60 of the state's 67 counties participate in a Birth Certificate Follow-up Program which promotes immunizations. Reported cases of measles decreased from 3,976 cases in calendar year 1966 to 1.066 in 1967.

At the end of the eighth week of 1988, Orange County (population 305,500) had reported 20 percent of the 102 measles cases reported in Florida. Orange County had not conducted a county-wide eradication program. During the following 8 weeks, 168 measles cases were reported in the state and 94 cases (56 percent) were reported from Orange County (Figure 1). Epidemiologic investigation showed that the cases were occurring in elementary schools of low and middle socioeconomic groups and that approximately 17,000 children in Orange County were susceptible. Accordingly, an epidemic control program was planned.

From May 13 through May 22, 1968, selected elementary schools were visited by immunization teams, and susceptibles in the schools were administered measles vaccine. Parents were also encouraged to bring susceptible preschool children to the schools. Of the county's 70 elementary school selection of the county's elementary school population, were visited, Measles vaccine was administered to 4,511 school children and 404 preschool children. During the program, an additional 25 cases of measles were reported in Orange County.

(Reported by E. Charlton Prather, M.D., M.P.H., Director, Division of Epidemiology, Florida State Board of Health; and an EIS Officer.)

Figure 1
REPORTED CASES OF MEASLES BY
4-WEEK PERIODS, EPIDEMIOLOGIC YEAR 1967-68
FLORIDA



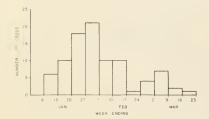
INTERNATIONAL NOTES PLAGUE - Central Java, Indonesia

On February 21, 1968, the NCDC was notified that an outbreak of buhonic plague was occurring in Central Java, Indonesia. In response to a request from the Indonesian Ministry of Health, an NCDC team was sent to assist in the investigation and control of the epidemic.

From January 1 through March 23, 1968, 90 reported cases of plague with 36 deaths occurred in 10 villages in two subdistricts of Bojolali Regency, Central Java, Indonesia (Figure 2). These subdistricts are located between two volcanic mountains. Merapi (active) and Merbabu (inactive), and the infected area is inland near the cancitoring and proposed of Java, approximately 300 miles from Djakarta. The peak incidence of the epidemic occurred in the week ending February 3 when 21 cases were reported. Although cases were reported in all age groups up to the age of 60 years, 56 percent of the cases were in persons under 21 years of age (Figure 3). There was no sex related preponderance of cases or deaths.

Figure 2

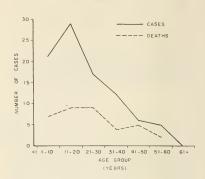
CASES OF PLAGUE BY DATE OF ONSET
INDONESIA - JANUARY 1 - MARCH 23, 1968



Of the 90 cases, seven were classified as pneumonic plague. A husband, wife, and child who died during the week of March's had strongly suspect pneumonic plague; subsequently, four secondary cases with clinically apparent pneumonic plague were found. No additional pneumonic cases occurred, apparently due to the quarantine imposed upon the households and subvillages in which the initial cases occurred and the treating of all residents in the quarantined area with prophylactic antibiotics.

During the outbreak, field studies were conducted to survey the rat and flea populations in Bojolali. The most frequently captured rodent was *Battus rattus diandi* and the most common ectoparasite harvested from captured rodents was *Xenopsylla cheopis*. In suhvillages that had been sprayed with DDT prior to February 21, the flea index was

Figure 3
DISTRIBUTION OF
PLAGUE CASES AND DEATHS BY AGE
INDONESIA - JANUARY-MARCH 1968



approximately 1.0 flea per rat: in unsprayed areas, the indices ranged from 0.4 to 3.3 fleas per rat. Ectoparasite control was continued by several teams who dusted and sprayed villages with DDT on a planned basis, village by village, and by a mobile team that effected vector control within a 200 meter radius around each new reported case.

Several vaccination teams conducted an immunization program using standard methods as well as pedi-jet guns in an effort to provide a buffer of immune subjects throughout the two subdistricts. Of the 42,693 persons (82 percent of the pepulation in the two subdistricts) who had received one dose of vaccine by March 28, approximately 50 percent had received a single dose of live attenuated vaccine; the remaining 50 percent received killed vaccine and would require a booster dose.

At the request of the Indonesian Vinistry of Health, the NCDC team helped train Indonesian health personnel in epidemiologic methods, methods for conducting rodent and ectoparasite surveys, methods for fumigating ships, and in the use of hacterial agglutination and passive hemagglutination tests.

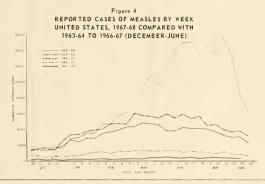
In addition to the 90 cases reported from January 1 through March 23, 1968, one case occurred in the first week of April; this case is presently being investigated. No new cases were reported after the first week of April.

(Reported by Dr. J. Sulianti, Director General, Communicable Disease Control, Indonesia; Ecological Investigations Program, NCDC, Kansas City, Kansas; and a learn from NCDC.)

CURRENT TRENDS MEASLES - United States

For the week ending June 8, 1968. (week 23), 592 cases of measles were reported to NCDC. This is a decrease of 133 cases from the total of 725 cases reported for the preceding week. In addition, the 592 measles cases reported for the current week are 1,022 fewer than the 1,614 cases in 1967, and 16,215 fewer than the cases reported for the corresponding week in 1964 (Figure 4).

During the first 23 weeks in 1968. 15,965 cases of measles have been reported to the NCDC. This is 31 percent, 9.5 percent, 7.5 percent, and 3.9 percent of the cumulative totals reported to NCDC for the same time periods in the years 1967 through 1964. respectively. (Reported by State Services Section and Statistics Section, Epidemiology Program, NCDC.)



SURVEILLANCE SUMMARY
MEASLES MORTALITY - United States, 1966

A total of 261 deaths have been attributed to measles occurring in 1966 in the United States. This total is 15 measles deaths less than the 276 recorded in 1965 and 160 less than the 421 recorded in 1964. The death rate for 1966 is 0.13 deaths per 100,000 population. This is the third year in which the death rate fell below 0.20 deaths per 100,000 population (Figure 5); the other 2 years were 1963 (0.19) and 1965 (0.14).

(Reported by State Services Section and Statistics Section, Epidemiology Program, NCDC.)

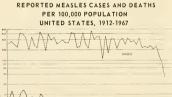


Figure 5

Morbidity and Mortality Weckly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED JUNE 8, 1968 AND JUNE 10, 1967 (23rd WEEK)

					1	NCEPHALIT	IS		HEPATITIS		
AREA		PTIC	BRUCELLOSIS	DIPHTHERIA	incl	mary uding cases	Post- Infectious	Serum	Infectious		MALARI
	1968	1967	1968	1968	1968	1967	1968	1968			1968
UNITED STATES	48	48	3	1700	28	32	6	70	780	646	31
ONLIED STATES	40	40	1		20	32		70	780	040	31
TEW ENGLAND	3	3	-	-	1	3	1	1	29	18	-
Maine	-	-	-	-	-	-	-	-	2	2	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-
Vermont	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	3	2	-	-	-	1	1	1	17	7	-
Rhode Island	-	1	-	-	-	2	-	-	4	5	-
Connecticut	-	-	-	-	I	-	-	-	6	4	-
MIDDLE ATLANTIC	12	10			11	5	2	23	140	97	9
New York City	9	10	1 -	_	6	2	- 2	16	42	24	2
New York, up-State.	1	_	1	_			1	1	16	15	2
New Jersey	2	8	1 -		2	4	1	4	43	21	1
Pennsylvania	-	1	1 -	_	3	1	1	2	39	37	4
101110711111111111111111111111111111111		-			_			-	3,] "	4
EAST NORTH CENTRAL	5	5	-	-	6	7	-	6	131	108	5
Ohio	5	i	-	-	2	4	_	2	30	19	
Indiana	-	i	-	-	î	1	-	-	12	11	-
Illinois	-	2	-	-	1	1	-	2	44	34	2
Michigan	-	1	-	-	-	1	-	2	42	33	3
Wisconsin	-	-	-	-	2	-	-	-	3	11	1 -
EST NORTH CENTRAL	4	-	1	-	3	2	3	-	36	45	6
Minnesota	4	-	-	-	-	1	1	-	9	9	-
Iowa	-	-	-	-	-	-	1	-	6	2	-
Missouri	-	i -	-	-	-	-	-	-	11	23	1
North Dakota	-	-	-	-	-	-	-	-	-	5	-
South Dakota	-	-	-	-	3	-	-	-	1	1	-
Nebraska	-	-		-	-	-	-	-	1	-	-
Kansas	-	-	I	- 1	-	1	1	-	8	5	5
SOUTH ATLANTIC	_					Π.	1				
	-	4	-	-	1	6	-	1	62	71	2
Delaware		1	-	-	-	1	-	-	5	10	2
Dist. of Columbia		1			-	1	1 1	1	17	10	2
Virginia	- 1			-	1	-		_	2 5	8	-
West Virginia	- 1	1		-	1			_	8	4	1
North Carolina		i		_					-	1	
South Carolina	- 1			_	_			_	4	1 1	
Georgia	- 1	-	-	_	_		_	_	i	25	_
Florida*	-	1	-	-	-	5	_	_	20	13	
										1	
EAST SOUTH CENTRAL	1	6	1	- 1	2	2	_	-	58	43	
Kentucky	-	-	-	-	-	1	-	-	23	14	-
Tennessee	1	-	1	-	-	1	-	-	24	12	-
Alabama	-	-	-	-	-	-	-	-	4	6	-
Mississippi	-	6	-	-	2	-	-	-	7	11	-
VEST SOUTH CENTRAL	7	4	1		-	2	-	1	58	78	1
Arkansas	-		-	-	-	1	-	1	1	3	-
Louisiana	3	2	1	-	-	1	-	-	5	7	1
Oklahoma	-	-	-	-	-	-	-	-	21	4	-
Texas	4	2	-	- :	-	-	-	-	31	64	-
JOHNTA IN					,						
MODITAIN	-	-	-	-	1	-	-	-	17	18	1
Montana	-	-	-	-	-	-	-	-	8	1	-
Idaho	-			-	-	-	-	-	-	-	-
Colorado					1	:	-	-	1	1	1
New Mexico					1			_	- 5	6	1
Arizona							-				
Utah									3	2 2	-
Nevada		1							1	2	
											_
PACIFIC	16	16	-	_	3	5		38	249	168	7
Washington	1	2	-	-	-	1		38	13	14	_ ′
Oregon		-	-	_	-		_	1	17	8	-
California	12	5	-	-	2	4	-	37	219	146	7
Alaska	-		-	- 1	1	-	-	-		-	
	3	9	_	_	_		-	_	_	_	
Hawaii	3										

*Delayed reports: Brucellosis: Fla. 1 case 1967 Hepatitis, serum: P.R. 1 Hepatis, infectious: P.R. 11

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 8, 1968 AND JUNE 10, 1967 (23rd WEEK) - CONTINUED

	ME.A	SLES (Rube	eola)	MENINGO	COCCAL INF	FECTIONS,	MUMPS	P	OLIOMYELII	ris	RUBELLA
AREA		Cumu 1	ative			lative		Total	Para	lytic	
	1968	1968	1967	1968	1968	1967	. 1968	1968	1968	Cum. 1968	1968
UNITED STATES	592	15,965	51,799	33	1,507	1,311	3,012	1	1	18	1,531
NEW ENGLAND	86	876	709	3	78	57	281	-	-	-	353
Maine*	-	30	212	-	6	3	5	-	-	-	21
New Hampshire Vermont		80	72 28	-	7	2	2 5	-			10
Massachusetts.*	38	315	262	2	35	29	190	-	-	-	112
Rhode Island Connecticut	48	1 449	60 75	1	7 22	19	18 61	-	-	-	55 149
								-	-	-	
MIDDLE ATLANTIC New York City	· 163	2,737 1,137	1,886 338	6	253 50	200 34	193 129	-	1 :	1 :	302 150
New York, Up-State.	40	1,005	412	2	42	47	NN	1		-	74
New Jersey	23	463	439		90	78	64	-	-	-	69
Pennsylvania	6	132	697	1	71	41	NN	-	-	-	9
EAST NORTH CENTRAL	95	3,268	4,492	6	170	161	739	-	-	-	248
Ohio Indiana	6	258 568	931 533	1 -	45 21	59 20	23 22	-			62
Illinois	30	1,231	803	-	39	37	74	-	-	-	43
Michigan	4 51	206 1,005	814 1,411	3 2	50	34	303		1 :		49
Wisconsin					15	11	317	-	_		92
WEST NORTH CENTRAL	8	325	2,516	1	77	60	249	-		1	24
Minnesota Iowa	4	13 81	121 713	1	18 5	14 12	19 198	-	1 -	-	1 17
Missouri*	-	73	215	-	26	12	-	-	-	-	1
North Dakota South Dakota	2	111	778 47	-	3 4	- 6	- NN	-	-	-	4
Nebraska	2	35	580	-	6	10	32	-			1
Kansas	-	8	_ 62	-	15	6	-	-	-	-	-
SOUTH ATLANTIC	21	1,156	- 6,039	5	317	251	175	-	-	_	83
Delaware	1	12	36	1	5	. 5		-	-	-	8
Maryland Dist. of Columbia	-	72	117 19		21 11	29	19 3	-	1 :	-	15
Virginia	9	237	1,845	1	2.3	25	50	-	_	-	10
West Virginia North Carolina*	2	183 264	1,236 823	1	8 62	19 50	66 NN	-	-	-	10
South Carolina	_	12	445	-	54	23	2	1 - 1			
Georgia		3 !	26	-	58	43	-	-	-	-	
Florida	6	367	1,492	2	75	48	35	-	-	-	40
EAST SOUTH CENTRAL	25	483	4,693	2	130	113	226	-	-	-	77
Kentucky Tennessee	4	163 54	1,169	1	49 44	32 47	47 161	-	-	1 -	29 33
Alabama.*	7	69	1,267	-	18	22	18	-		_	15
Mississippi	13	197	642	1	19	12	-	-	-	-	-
WEST SOUTH CENTRAL	105	4,162	16,241	3	258	189	343	1	1	10	84
Arkansas Louisiana		2 2	1,388	1	15 68	24 74	1 -	-	:	1 :	
Oklahoma*		105	3,303	-	48	12		-			1 1
Texas	105	4,053	11,409	2	127	79	342	1	1	10	84
MOUNTAIN	41	825	3,940	-	24	25	140	-	-	-	52
Montana	1 3	66 15	252 347		2 10	-	10	-	-	-	-
Idaho Wyoming	1	49	64	1	- 10	1 1	3 4	-			3 -
Colorado	26	416	1,274	-	7	10	28	-	-	-	26
New Mexico Arizona	10	77 178	539 884	1	1	3 4	10 43	-		-	23
Utah		19	311	-	1	4	42	-	-	-	-
Nevada	-	5	269	-	3	2	-	-	-	-	-
PACIFIC	48 3	2,133 491	11,283	7	200	255	666	-	-	8	308
Washington Oregon	8	412	5,275 1,436	1 -	33 16	24 24	69 61	1 :		1	25 12
California	37	1,195	4,339	4	139	197	511	-	-	8	216
Alaska Hawaii		34	122 111	1	111	8 2	13	1	-	-	52 3
Puerto Rico. *	7										
ruerto kico	7	309	1,832	-	17	8	16	-	-	-	2

*Delayed reports: Measles: Me. 17, Mass. delete 2, N.C. delete 1, Ala. delete 4, Okla. 2

Meningococcal infections: P.R. 1

Mumps: Me. 12, Mo. 295

Rubella: Me. 34

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

JUNE 8, 1968 AND JUNE 10, 1967 (23rd WEEK) - CONTINUED

1968	AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TE T	ANUS	TUL	REMIA	TYP	HOID	TICK	S FEVER -BORNE . Spotted)		IES IN
UNITED STATES. 6,889 3 54 1 77 9 116 9 54 66 1,68 EM ERCLADD. 1,305 - 1 - 40 - 4 1 5 MarineF. 16	,		1968	Cum.	1968		1968	Cum.		Cum.	1968	Cum.
EM ENCLAND. 1,305 - 1 - 40 - 4 1 5 SAIRE	INITED STATES											_
Maine. # . 10	UNITED STRIES	0,007	, ,	,	_			110		54	00	1,000
New Hampshire	NEW ENGLAND		-	1	-	40	-	4	-	-	1	59
New Hampshire	Maine		-	-	-	-	-	-	-	-	-	50
Massachusetts 227 2	New Hampshire		-	-	-	-		-	-	-	-	2
Rhode Island	Vermont					40		-	-		1	6
Connecticut. 877	Massachusetts	227		-		-			-		-	1
IDDIE ATLANTIC.	Rhode Island		-	-	-	-	-		-	-	-	-
New York City	Connecticut	877	-	1	-	-	-	2	-	-	-	-
New York City, 12	MIDDLE ATLANTIC	413	-	9	-	3	-	11	-	4	1	15
New York, Up-State. 388 - 4 - 3 - 2 - 1 1 1 1 1 1 Pennsylvania. 13 3 3 - 3 - 3 - 3 - 3 - 3		12	-	5	-	-	-	6	-	-	-	-
Pennsylvania. 13			-	4	-	3	-	2	-	1	1	11
Pennsylvania. 13 3 - 3 - 3 - 3 - 3 - 3 - 3 -	New Jersey	NN	-	- 1	-	-	-	-	-	-	-	-
Oblo	Pennsylvania	13	-	-	-	-	-	. 3	-	3	-	4
Oblo	PACT MODELL CENTERAL	400	_	6			2	20	_	2	12	150
Indiana. 70			-	_			-		-			60
Illinois. 158	Indiana	70		1			-		-			56
Michigan. 156	Illinois		-		-	2	2		-	1		15
### ### ### ### ### ### ### ### ### ##	Michigan		-		-			-	-			1 8
Minesota. 26 2 10 1 10 a			-		-		-	1	-	-	-	13
Minesota. 26 2 10 1 10 a		201									11	
Lowar 79			-			6			-		11	377
Missouris 2	Minnesota		-	-	-	-	-		-	-		
North Dakota			- 1	-	-	-	_		-	-		
South Dakota 13						4		3	1		2	00
Nebraska	North Dakota					,		1		,		
Mansa 1 2 1						<u> </u>						
OUTH ATLANTIC. 590 - 11 - 5 2 31 5 33 8 19 Delaware. 1					_	1			-		2	19
Delaware	Kanaas					^)						
Maryland	OUTH ATLANTIC			11		5		31	5	33	8	190
Dist. of Columbia.	Delaware			-	-	-)		-			-	
Virginia. 191 - 2 - 1 - 6 - 15 5 8 West Virginia. 16 - 1 - </td <td></td> <td>120</td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td>1</td> <td>3</td> <td>-</td> <td>3</td>		120			-	-			1	3	-	3
Mest Virginia 146						-			-			
North Carolina. 1 - 2 - 2 - 2 - 2 4 11 - 6	Virginia		-		-	1	-	ь	-	15	5	
South Carolina. 6 - 1 1 1 - Corgina. 26 1 1 1 8 - 2 1 2 5 5 5 1 1 1 8 8 - 2 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	west virginia					2		2		11	1	-
Georgia									7		_	
FIOTIGNA. 99 - 4 - 1 - 9 - 1 2 5 5 5 - 1 1 2 5 6 AST SOUTH CENTRAL. 1,277 - 7 - 6 - 13 2 6 6 15 42 5 5 5 - 1 1 4 5 5 5 5 5 - 1 1 4 5 5 5 5 5 - 1 1 4 5 5 5 5 5 - 1 1 4 5 5 5 5 5 - 1 1 4 5 5 5 5 5 5 5 5 5 - 1 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			_	_			1	8	_		1	2:
AST SOUTH CENTRAL. 1,277 - 7 - 6 - 13 2 6 15 42 Kentucky. 1000 - 1 - 1 - 2 1 1 6 19 2 Tennessee. 958 - 2 - 4 - 8 1 3 9 20 Alasman. 155 - 2 - 1 - 3 - 1 - 1 EST SOUTH CENTRAL. 667 - 7 1 10 1 9 2 6 12 31 EST SOUTH CENTRAL. 687 - 7 1 10 1 9 2 6 12 31 Louisiana. 4 - 1 1 - 1 - 1 - 3 3 3 Louisiana. 4 - 4 - 1 - 1 - 1 - 3 3 3 Louisiana. 4 - 4 - 1 - 1 - 1 - 3 3 3 Montana. 37 1 2 1 2 1 2 1 4 2 9 9 Montana. 31 3 3 8 1 2 9 Montana. 31 5 1 2 1 2 1 2 1 4 2 9 Montana. 31	Florida		-	4						1		5
Rentucky	-											
Tennessee			-		-		-					
Alabama. 175 - 2 1 - 1 - 1 - 1 - 1 - 1 - 1 -		100										
Mississippi 44 - 2 - 1 - 3 - 1 - 2 2 3 3 4 4 4 5 5 5 5 5 5 5	Tennessee					4	-	8	1			
### SOUTH CENTRAL 687 - 7 1 10 1 9 2 6 12 31 Arkanas 1 - 1 - 1 - 1 - 3 3 3 3 4 4 - 1 1 - 1 - 1 3 3 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5 5 - 1 - 1 - 1 - 1 - 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Alabama					1		-	_			1.
Ackanasa 1 - 1 - 1 - 1 - 3 3 3 3 3 6 6 6 9 6 6 9 6 9 6 9 9 9 9 9	Mississippi	44	-		-	1		,	-	1	_	
Louisiana. 4 - 4 - 1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 4 - 1 - 1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	EST SOUTH CENTRAL	687	-	7	1	10	1	9	2	6	12	31
Louis fana. 4 - 4 - 1 - 1 - 1 3 - 3 - 3 - 3 - 3 - 3 -	Arkansas	-	-		-		-		-	-	3	
Texas. 666 - 2 - 6 - 5 1 2 7 14 MOUNTAIN. 897 3 8 - 1 2 3 MOUNTAIN. 897 3 - 8 - 1 2 3 Mountain. 31			-	4			-		-	-	-	3
MONTAIN 897	Oklahoma		-	-	1						2	9
Montana 31	Texas	646	-	2	-	6		5	1	2	7	14
Montana 31	4OUNTATM	897				3		8		1	2	3.
Tdaho					_							1
Wyoming. 7. 17 - - 1 - -			_	-	-	- 1	-	_	-	-	-	
Colorado. 455 1 - 2 - 1 - New Mexico. 137 5 - 1 1 Arizona. 105 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wyoming*		-	-	_	- 1	-	1	-		-	
New Mexico	Colorado		-	-	-	1	-	2	-	1	-	
Arizona. 105 1 1 1 Urah. 65 2 1 1 1 Washington 165 2 1 1 1 1 1 1 1 1 1 1 1	New Mexico	137	-	-	-	-	-	5	-	-	1	1
Utah. 65 - <td< td=""><td>Arizona</td><td>105</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>1</td><td>1</td></td<>	Arizona	105	-	-	-	-	-	-	-	-	1	1
Nevada.	Utah	65	-	-	-	2	-	-	-		-	
ACIFIC. 940 3 11 4 15 3 12 Washington 162	Nevada	-	-	-	-	-	-	-	-	-	-	
Mashington 162 Oregon 102 1 - California 581 2 - - - Hawaii 55		9/-0	2	1.7			4	16			3	1.9
Oregon. 102 1 1 - - 2 - - - California S81 2 10 - - 4 13 - - 3 11 Alaska. 40 - <td< td=""><td></td><td></td><td>3</td><td>11</td><td></td><td></td><td>,</td><td>13</td><td></td><td></td><td>3</td><td>12</td></td<>			3	11			,	13			3	12
California 581 2 10 4 13 3 11 Alaska 40	wasmington		1	1				2				
Alaska												11
Hawaii 55			-	-			-		-			- 11
	Hawaii		-	-	-	-	-	-	-	-	-	

*Delayed reports: SST: Me. 14, Wyo. 16 Tetanus: P. R. 4

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JUNE 8, 1968

Week No.

23

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

	by place of	occurrent	e and week	01 1111	T Excludes	retal death	8)		
	All Ca	uses	Pneumonia	Under		All Ca	uses	Pneumonia	Under
Area	A11		and	1 year	Area	A11		and	1 year
Atea	All	65 years and over	Influenza	A11	Al ea	Ages	65 years and over	Influenza	A11
	ngvo	and over	All Ages	Causes		nges	and over	All Ages	Causes
NEW ENGLAND:	667	416	20	30	SOUTH ATLANTIC:	1,231	630	37	52
Boston, Mass Bridgeport, Conn	216 49	118 31	9	12 3	Atlanta, Ga Baltimore, Md	143 296	55 156	5	10
Cambridge, Mass	24	14	-	1	Charlotte, N. C	49	30	1	2
Fall River, Mass	31	23	-	î	Jacksonville, Fla	74	43	1	1
Hartford, Conn	63	42	1	1	Miami Fla	95	55	1	7
Lowell, Mass	25	14	3	2	Norfolk, Va	50	21	5	1
Lynn, Mass	26	21	1	1	Richmond, Va	73	40	3	9
New Bedford, Mass	23 48	13 30	1	1 2	Savannah, Ga	44 87	15	2	2
New Haven, Conn Providence, R. I	27	23] []		St. Petersburg, Fla Tampa, Fla	77	68 38	8 7	4
Somerville, Mass	9	9	1	_ [Washington, D. C	191	85	2	5
Springfield, Mass	45	29		2	Wilmington, Del	52	24	3	1
Waterbury, Conn	37	23	-	4					
Worcester, Mass	44	26	5	1	EAST SOUTH CENTRAL:	688	359	26	33
					Birmingham, Ala	82	41	1	5
MIDDLE ATLANTIC: Albany, N. Y	3,359 46	1,942	115	153	Chattanooga, Tenn Knoxville, Tenn	73 25	32	7	10
Allentown, Pa	44	29	1	1	Louisville, Ky	136	16 73	9	1 4
Buffalo, N. Y	143	78	3	10	Memphis, Tenn	174	88	3	8
Camden, N. J	46	30	-	1	Mobile, Ala	48	26	-	1
Elizabeth, N. J	35	14		2	Montgomery, Ala	27	16	2	1
Eríe, Pa	52	32	1	2	Nashville, Tenn	123	67	4	3
Jersey City, N. J Newark, N. J	75 112	42 60	4 5	5 10	WEST SOUTH CENTRAL:	1,223	638	48	92
New York City, N. Y		958	61	64	Austin, Tex	50	30	40	3
Paterson, N. J	42	19	3	7	Baton Rouge, La	44	20	2	4
Philadelphia, Pa	495	280	9	21	Corpus Christi, Tex	19	7	-	4
Pittsburgh, Pa	200	105	2	11	Dallas, Tex	165	88	2	14
Reading, Pa Rochester, N. Y	63 99	44 53	7	1	El Paso, Tex Fort Worth, Tex	48	32	4	6
Schenectady, N. Y	33	. 21	3	8	Houston, Tex	69 224	35 98	3 5	5 16
Scranton, Pa	53	29	1	2	Little Rock, Ark	59	37	8	2
Syracuse, N. Y	. 85	56	- 5	3	New Orleans, La	196	94	4	10
Trenton, N. J	27	16	3	3	Oklahoma City, Okla	68	41	2	5
Utica, N. Y Yonkers, N. Y	21	18	4	- 1	San Antonio, Tex	144	76	4	14
Yonkers, N. Y	32	24	2	1	Shreveport, La Tulsa, Okla	54 83	24 56	2 8	7 2
EAST NORTH CENTRAL:	2,732	1,555,	79	154	Tarba, oktor	1	1 30	°	-
Akron, Ohio	64	39	-	3	MOUNTAIN:	499	270	21	20
Canton, Ohio	29	20	3		Albuquerque, N. Mex	41	17	5	-
Chicago, Ill	799 170	417 103	36 3	49 12	Colorado Springs, Colo.	34 144	25	4	2
Cincinnati, Ohio Cleveland, Ohio	245	118	5	15	Denver, Colo Ogden, Utah	17	77 10	7 2	7
Columbus, Ohio	127	72	2	4	Phoenix, Ariz	114	51	1 4	4
Dayton, Ohio	99	55	1	6	Pueblo, Colo	27	19	3	1
Detroit, Mich	311	174	7	18	Salt Lake City, Utah	58	36	-	3
Evansville, Ind	48	32	2	2	Tucson, Ariz	64	35	-	2
Flint, Mich Fort Wayne, Ind	44	26 29	1 2	6	PACIFIC:				
Gary, Ind	24	12	1	1	Berkeley, Calif	1,513	894 14	31	60
Grand Rapids, Mich	61	47		-	Fresno, Calif	48	22	2	7
Indianapolis, Ind	175	97	2	17	Glendale, Calif	27	19	-	-
Madison, Wis	44	20	6	2	Honolulu, Hawaii	48	25	5	5
Milwaukee, Wis	150 29	99	3	8	Long Beach, Calif	102	64	2	3
Peoria, Ill Rockford, Ill		15 26	1	2	Los Angeles, Calif Oakland, Calif	411 78	240	7	14
South Bend, Ind	40	25	1	2	Pasadena, Calif	32	45 23	2	8
Toledo, Ohio	114	75	3	5	Portland, Oreg	114	67	2	3
Youngstown, Ohio	76	54	-	2	Sacramento, Calif	63	41	-	1
					San Diego, Calif	96	57	-	. 4
WEST NORTH CENTRAL: Des Moines, Iowa	893 63	524 41	21	47	San Francisco, Calif	161	79	,	4
Duluth, Minn		6	1 1	2	San Jose, Calif Seattle, Wash	48 177	27 108	1 9	6
Kansas City, Kans	27	14	1	3	Spokane, Wash,	51	32	,	1
Kansas City, Mo	150	81	2	10	Tacoma, Wash	42	31	1	3
Lincoln, Nebr	40	24	1 :	2					
Minneapolis, Minn	137 98	94 59	5	4	Total	12,805	7,228	398	641
Omaha, Nebr St. Louis, Mo	252	141	1 2	3 11	Co	mulative To	otals		
St. Paul, Minn	53	36	2	3	including report			revious we	eks
Wichita, Kans	60	28	3	8					
					All Causes, All Ages			302,84	9

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Table 6 in the article "Salmonellosis - January. February, and March 1968." is incorrect. The following table is a corrected table:

Table 6 Summary of 10 Most Frequently Reported Seratypes from Humans and Nanhumans January, February, and March 1968

Hum	an		Non-h	uman	
Serotype	Number	Percent	Serotype	Number	Percen
(yphi-murium	987	27.3	typhi-mutium	293	13.7
eidelberg	256	7.1	heidelberg	201	9.4
arent-paul	246	6.8	anotum	154	8.6
Meritidis	231	6.4	monterideo	115	5.5
intantis	203	5.6	saint-paul	105	4.9
urport	189	5.2	cubona	98	4.6
*yphi	131	3.6	infantis	65	3.0
Herby	107	3.0	thompson	57	2.7
Vockley	93	2.6	eimsbuettel	55	2.6
Chompson	91	2.5	senftenberg	53	2.5
Subtotal	2,534	70.2	Subtotal	1,229	57.6
Total all serotypes	3,611		Total all serotypes	2,134	

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ACTING CHIEF, STATISTICS SECTION
10A L. SHERMAN, M.S. EOITOR MICHAEL B GREGG, MO

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING OF ADDITION OF A COUNTY OF THE RESTANDANCE OF THE RESTANDANCE OF THE RECOMES ACCOUNTS OF INTERESTS OF CASE OF

O TO:

NATIONAL COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333
ATTN: THE EDITOR
MDRBIDITY AND MORTALITY WEEKLY REPORT

OFFICIAL BUSINESS

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U. S. DEPARTMENT OF H. E. POSTAGE AND FEES PAID *